

Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME

Sandoval Excavating & Hauling, LLC

ADDRESS

89 Granada

CITY

Los Alamos

STATE

NM

ZIP CODE

87544

PHONE

505-672-3307

FAX

505-672-3307

EMAIL:

info@sandovaleh.com

PRIMARY CONTACT:

Nancy Sandoval / Louis Sandoval

TYPE OF CONSTRUCTION WORK (Check all that apply)

☐ General----List Primary Expertise _____

☒ Site Work

☐ Structural

☐ Carpet

☐ Mechanical

☐ Demolition

☐ Steel Fencing

☐ Roofing

☐ Clean Room

☐ Exterior Utilities

☐ Masonry

☐ Building

☐ Fire Protection

☐ Paint

☐ Mechanical (HVAC/Plumbing)

☐ Electrical

☐ Nuclear Facility

COMPANY PROFILE:

How many years has your organization been in a business as a construction contractor?

3 years

How many years has your organization been in the construction business under its present business name?

3 years

Under what former names has your organization operated?

N/A

List the names and titles of the key individuals of your organization, years with firm, educational training and qualifications.

Louis Sandoval – 3 years - member - high school degree – GS08 License, COL

Nancy Sandoval – 3 years - member – BA in Accounting

List the categories of work that your organization normally performs with its company personal.

Site Work	Material Hauling
Debris Removal	Trenching
Footings	

List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal

All projects have been as a sub-contractor

List your Trade References

J. B. Henderson – Bart Davis – 662-1910
Bennet Custom Builders – Karl Bennet – 672-1229
Newell Custom Builders – Bill Newell – 662-1494

List your Surety company or your banking affiliates.

Los Alamos National Bank

What is your organization's current bonding rate?

Single ___200,000___ Aggregate _____

Has your firm entered into a contract that had to be completed by your surety within the past five years?

Yes ☐ No ☒

List your Contractor's New Mexico license classification(s):

GS08 #82812

Safety History:

List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period.

Current	EMR 1.0	0.00	0.00
Prior	EMR 1.0	0.00	0.00
2 yrs. prior	EMR 1.0	0.00	0.00

Rate Type: Interstate _____, In-State ___x_____, Monopolistic _____

Insurance Carrier:

New Mexico Mutual Casualty Co.

What is your firm's North American Industrial Classification System (NAICS) code?

N/A

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.

☒ Woman owned ☒ Small Business ☒ Small Disadvantaged ☐ 8(a) ☐ Large ☐ Veteran

☐ Disabled Veteran ☐ HUBZone

Present number of employees

☒ 1-20 ☐ 21-40 ☐ 41- 60 ☐ 61 – 100 ☐ Over 100